

shima Journal of Medical Science.¹ Have there not been other cases closer to home, possibly not reported because they are so prosaic?

The question is not trivial: the condition is not widely recognized by workers' compensation boards because there is a lack of literature on it, unlike the documentation on carpal tunnel syndrome and computer use.

We appeal, therefore, to the readers of *CMAJ*. We would be happy to receive information regarding either references we have missed or cases that have been treated but not reported.

Henry M. Taylor, MD
Chief of clinical pathology
Bruce L. Bender, MD
Chairman
Department of Laboratory Medicine
The Moncton Hospital
135 MacBeath Ave.
Moncton, NB E1C 6Z8

Reference

1. Shimai S, Iwasaki S, Suzuki H et al: Survey on subjective symptoms in office workers using video display terminals. *Fukushima J Med Sci* 1988; 34 (1): 45-54

Military MDs used to peace prepare for war

The article by Deborah Jones (*Can Med Assoc J* 1990; 143: 770-773) gives a good account of the medical planning and preparation involved in supporting Canada's naval contribution to the Persian Gulf crisis. However, it fails to mention other elements of the medical support infrastructure. For example, a Canadian medical team made up of medical personnel stationed in Europe has been deployed with the CF-18 fighter squadron, a joint aeromedical evacuation system has been established with US forces, and a surgi-

cal team from the National Defence Medical Centre has been assigned to the 1000-bed hospital ship *USNS Mercy*.

In addition, considerable effort was required of our health care personnel across the country to introduce the right equipment, such as cooling vests for aircrew, and the appropriate drugs, such as those required to counter the biologic warfare threat.

Thanks to this combined effort our troops are being provided excellent medical support.

In case the article left some *CMAJ* readers wondering, no, we have not returned, nor do we intend to return, to three separate medical services. The Canadian Forces Medical Services was formed in 1959 as a triservice health care system. It has withstood the test of time and other acid tests, such as the present conflict.

Maj.-Gen. J.J. Benoit, MD
Surgeon general
Canadian Forces

Funding medical aid to the Third World

Dr. Michael Hall's article "Orthopaedics Overseas: First World MDs can make a difference in the Third World" (*Can Med Assoc J* 1990; 143: 304-305) gives full recognition to the immense work done in the Third World by orthopods. However, it must be realized that those in other specialties can serve with CARE Medico, CUSO and other such organizations.

But granting agencies such as CIDA and USAID have decided that the major emphasis in medicine should be on prevention and primary health care. Thus, there is little support for a specialist physician who wants to work overseas.

Although this decision by funding bodies may have some

long-term benefits, there remains an urgent need to teach and treat the Third World sick now. The Aga Khan Foundation¹ pointed out clearly that in striving to have health for all by the year 2000 it is necessary to provide backup services at the secondary and tertiary levels in addition to the primary level.

The time is appropriate for physicians and surgeons who have worked in the Third World to let the funding agencies know that supporting primary and preventive medicine initiatives is not sufficient to take care of the health needs of the Third World.

Charles M. Godfrey, MD
(CARE Medico)
109-484 Church St.
Toronto, Ont.

Reference

1. Aga Khan Foundation: *The Role of Hospitals in Primary Health Care. A Report of a Conference. Sponsored by the Aga Khan Foundation and the World Health Organization, 22-26 November 1981, Karachi, Pakistan*, Aga Khan Foundation, Geneva, 1980

La raison d'être de notre belle profession

Félicitations à votre photographe François Proulx (voir la page couverture du *JAMC* du 1^{er} oct., 1990). Devant le regard de l'homme ainsi photographié j'ai redécouvert, en quelques secondes, la raison d'être de notre belle profession: l'aide à celui qui, démuni par la maladie ou la déchéance, n'est pas toujours attrayant au point de vue médical, mais qui appelle à l'aide. À nous de ne pas oublier, au travers de la médecine d'aujourd'hui, perdue dans les techniques nouvelles et les règlements de nos technocrates gouvernementaux.

Pierre Beauchemin, MD
4100, 3^e ave. ouest
Charlesbourg, QC